

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/531491

FILING DATE

APPLICANT(S)

CLAIMS -

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.		←	28	←		←
TOTAL CLAIMS			31			
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TOTAL DEP.		←		←		←
TOTAL CLAIMS						